

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 MAR -9 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000040576

1. Corporation Name

LUIS MARQUEZ P.A.

2. Principal Office Address - No P.O. Box #  
5757 BLUE LAGOON DR

Suite, Apt. #, etc.  
145

City & State  
MIAMI, FL

Zip  
33126

Country  
US

3. Mailing Office Address  
5757 BLUE LAGOON DR

Suite, Apt. #, etc.  
145

City & State  
MIAMI, FL

Zip  
33126

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida 03/20/2006

5. FEI Number  
20-4536745

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
LUIS MARQUEZ JR.

Street Address (P.O. Box Number is Not Acceptable)  
5757 BLUE LAGOON DR

Suite, Apt. #, Etc.  
145

City  
MIAMI

State Zip Code  
FL 33126

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 03/04/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUIS MARQUEZ JR.	5757 BLUE LAGOON DR SUITE 145	MIAMI, FL 33126

REINSTATEMENT

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

LUIS MARQUEZ JR. - PRESIDENT 03/04/2010 786-200-1055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #